Mental Health Services Act
System Transformation
Community Services and Support
Considerations for Embedding Cultural Competency

Purpose:

The Mental Health Services Act (MHSA) outlines the provisions needed to develop a transformed culturally competent public mental health system. This concept is embodied in the Department of Mental Health's MHSA vision statement "DMH intends to assure that county mental health departments expend funds made available through this Act to transform the current mental health system in California and move it from its present state toward a state-of-the-art culturally competent system…" The purpose of this document is to propose possible operational strategies for embedding cultural competency in the Community Services and Supports Component of the MHSA. Counties and stakeholders are encouraged to refer to their own materials and expertise gained through their on-going Cultural Competence activities for the Medi-Cal program. Cultural competence has been and continues to be considered a critical component for all mental health programs and policies.

Introduction:

The strategies to achieve a culturally competent system and thereby eliminate the existing ethnic disparities in access to services in the current mental health system have been discussed over the years in a variety of documents. Many of these documents will be available on the DMH web site (www.dmh.ca.gov). Rapidly changing demographics in the United States and the increasing numbers of Californians without resources for health care has accelerated the movement for system change. The non-Hispanic white population in California now stands at 47% making ethnic, racial, linguistic, and multiracial groups the majority of the state's population.

Racial and ethnic populations are a growing segment of the overall U.S. population and currently are either underserved, and/or inappropriately served in the mental health system. (Rice, 1996). In California, since 1998, County Mental Health Plans have had to submit Cultural Competency Plans. These plans include population and utilization data which clearly document the disparities that exist among ethnic and racial groups.

Collectively, the ethnically, racially, and linguistically diverse populations experience a greater disability burden from emotional and behavioral disorders than do white populations. (Mental Health: Culture, Race & Ethnicity, A Supplement to Surgeon General's Report 2001). The higher burden is partially attributed to receiving less care, and poorer quality of care rather than from disorders being inherently more severe or an increased prevalence in racially, ethnically, linguistically diverse populations. In general these health disparities have been attributed to an inadequate ability of publicly-funded mental health system to understand and value the need to adapt service delivery processes to the histories, traditions, beliefs, languages and values of diverse groups. This inability results in misdiagnoses, mistrust, and poor utilization of services by the ethnically, racially, and linguistically diverse populations seeking services. These groups also experience more stressful environments due to poverty, violence, discrimination and racism.

Developing effective and efficient culturally competent organizations, access, and programs is fiscally prudent. The lack of these components in a mental health system results in inappropriate and inefficient services leading to higher levels of care for clients and higher costs. It is estimated that the general cost of untreated or poor treatment of mental illness costs the government, business, and families $113 billion a year (Rice, 1996). Additionally, it is incumbent upon the mental health system to comply with legislation pertinent to the delivery of services; i.e. persons with limited English proficiency, in order to reduce fiscal risk to the system. Title VI of the Civil Rights Act of 1964 (U.S. Congress, 1964) mandates meaningful and equal access to health and social services. California counties have begun to work toward this goal among a myriad of rules, regulations, and limitations. The MHSA allows California counties to advance that work into a transformed culturally competent mental health system for those heretofore unserved and underserved ethnic, racial, and linguistic groups.

A culturally competent service delivery system brings these efficiency elements:

- Improved service access, including early intervention
- Accuracy of diagnosis
- Appropriate and individualized service planning and delivery
- Effective integration of the client's family (including extended family members) into services
- Use of relevant community supports
- External resources in client services
- Financial efficiencies – cost avoidance and cost effectiveness

Mental Health Services Act (MHSA)
System Transformation
Considerations for Embedding Cultural Competency in Organizations

County	Recommendations for Action	Resource Documents
1, A system-wide self assessment related to cultural competence is conducted annually	Conduct self assessments as part of Quality Improvement Plan Conduct self assessment at multiple levels- Administration, middle management, direct service providers, contract agencies ,clients/ family members Use strength based model	CC Plans Georgetown CC Organizational Assessment tools C.Siegel Organizational Assessment
2.Conducts a baseline needs assessment (includes a profile of racial, ethnic, linguistic groups currently served)	Review Fiscal Year 2003-04 cultural population, utilization, organizational and provider data and update data Review data per MHSA plan requirements Analyze current levels of disparities to county population Set strategies and objective to eliminate identified disparities in county or regional or service areas.	DMH Information Notice: 02-03 County's Cultural Competence Plan Georgetown CC Organizational Assessment tools C.Siegel Organizational Assessment

County	Recommendations for Action	Resource Documents
3.Has identified values, principles, and commitment to cultural competency.	Written policies and procedures identify and refer to cultural competence principles and values. Written policies and procedures acknowledge cultural competency as developmental and continuous.	Many Voices, One Direction: CIMH
4. Cultural Competency is included in vision statements, speeches and public communications	Mental Health Director and senior staff advocate for cultural competence in the broader mental health community and in stakeholder organizations	Ethnic Services Managers Many Voices, One Direction Supplement Surgeon Generals Report
5. Has developed or is in process of developing a strategic plan for cultural competency	Utilize self assessment tools and Cultural Competency Plan to begin strategic plan process Ensure stakeholder process includes multicultural community groups and client/ family members	Cultural Competence Plan
6. County mental health director has established expectations and objectives for senior management staff to promote cultural competency	Develop performance objectives Communicate expectations/ objectives to all the MH system	
7.The county's Cultural Competence Committee meets regularly and is representative of the county's multicultural and linguistic populations	Establish written procedures which ensure a process for membership that reflects the multicultural/ linguistic populations in the county Provides for interpreters, interpreter aids, translated materials to allow for full participation of multicultural members Conducts pre-meetings with clients and family members to provide an opportunity for questions and answers and an education process	

County	Recommendations for Action	Resource Documents
8. County mental health has a process to assess language, access, capacities, and needs in county.	Monitors county language access needs and set objectives to meet need. Strategies to hire bilingual staff and trained interpreters	National Standards for Cultural and Linguistically Appropriate Service in Health Care. U.S. HHS, OMS, 2001
9. The county's cultural competence committee is a part of or has a communication /reporting link with the county's Quality Improvement Committee	Policies and procedures outline the communication process to and from the Quality Improvement Committee Cultural competence committee chair or members are on the Quality Improvement Committee	
10. Mental Health programs have an accountability system that assesses the progress of the organization in increasing its culturally competent programs and eliminating disparities.	Data collected to assess programs outcomes by race and ethnicity Review annually of cultural competence plan objectives and outcomes Review of embedding cultural and linguistic competency factors in new and existing programs.	Cultural Competency Methodological and Data Strategies to Assess the Quality of Service in Mental Health Systems of Care. Carol Siegel, G. Haugland. E. Davis. Center for the study of Issues in Public Mental Health. Cultural Competence Standards in Managed M H Care Services U.S. HHS 2000
11. Activities, recommendations of the cultural competence committee are distributed system wide	Managers and supervisors regularly communicate information from the cultural competence committee to direct services staff and establish communication link back to the cultural competence for staff input	Towards a Culturally Competent SOC Georgetown Vol I and II.

County	Recommendations for Action	Resource Documents
12. The cultural competence committee is responsible for reviewing policies and making recommendations related to cultural competence	Policy and procedures related to the cultural competence committee are developed which state their responsibilities Reports related to the status of it recommendations are received by the cultural competence committee	
13. An identified position responsible for leadership in ethnic services has responsibility for review of major policies and agency products to ensure that cultural competence is included or addressed	Establish procedures to ensure review of policies by a person with leadership responsibilities for ethnic services.	
14. The Quality Improvement Committee meets regularly and is representative of the county's multicultural/linguistic populations	Establish written procedures which ensure a process for membership that reflects the multicultural/ linguistic populations in the county Provides for interpreters, interpreter aids, translated materials to allow for full participation of multicultural members Conducts pre-meetings with clients and family members to provide an opportunity for questions and answers and an education process	
15. Disseminates results of self assessment to all internal and external stakeholders	Develop dissemination formats which reflect the needs of stakeholder groups, i.e., translation of information, regional meetings, etc	

County	Recommendations for Action	Resource Documents
16. Ensure that cultural competence and strategies to eliminate and prevent disparities in MHSA planning and implementation are embedded in all MHSA efforts.	County mental health planning utilizes leaders in ethnic services to assist in efforts to identify and include client/ community multicultural perspective in the planning and implementation of the MHSA and assures cultural competence factors are embedded in each of the six MHSA Components as they are being developed.	
17. Outcome measures and quality indicators are cultural competency based	Develop an accountability system to assess progress in eliminating disparities	
18. Dedicated budget is established for activities to address unserved and underserved racial ethnic groups	Develop budgets for outreach activities - to multicultural groups, translation of materials, purchase of translation devices, hiring of multicultural & bilingual clients, training and certification of interpreters, hiring of cultural brokers, and hiring of culturally competent consultants	NTAC National Technical Assistance Center for State Mental Health Planning www,nasmhpd.org/ntac Cultural Competence Standards in Managed M H Care Services, U.S. HHS, SAMHSA
19. Executes contracts/ agreements with agencies that support the county's commitment to cultural competency	Include reporting requirements related to activities that promote and sustain cultural competency Agencies will include quality improvement activities and projects	
20. Administratively monitors accessibility for all regions, areas	Location of services, hours of operation are established for maximum accessibility	

County	Recommendations for Action	Resource Documents
21. Develops recruitment, hiring, and retention plan which is determined by county's ethnic, racial, and linguistic populations	Assign responsibility to specific county staff for oversight of plan Link plan to cultural competence plan and program improvement projects (PIPs), Develop Latino Access Plans and Access Plans for other underserved populations Disseminate plan to all internal and external stakeholders	Promoting Cultural Competence in Children's Mental Health Services M Hernandez , M Isaacs , J. Romero p. 81, Ch. 5 Recruitment, Retention, training, and Supervision of Mental Health Staff California Mental Health Planning Council Human Resources Summit Workgroup Report *"Multilingual & Multicultural Pipeline"* in 2000
22. Has members from ethnic/racial/linguistic communities participating on advisory boards/committees	Has policy and procedure which outlines county's plan for ongoing recruitment, mentoring of community participants Supports the principle of community defining their challenges and solutions	

Mental Health Services Act
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Considerations for Culturally Competent
Client, Family Member and Community Engagement

California's mental health system will be well on its way to transformation when it successfully engages clients, family members, and extended families within the ethnic, racial, and linguistic groups that comprise 53% of California's population. Engaging these groups is vital to developing a responsive mental health system that will meet their needs and lessen their marginal status. The planning process for engaging multicultural communities will call upon counties to have informed discussions with those cultural brokers, consultants, and community stakeholders who have expertise in working with multicultural populations. County leadership will be called upon to also develop different avenues and methods to reach this historically underserved/unserved population. Successful engagement might also result in new and different community partners with whom county mental health systems collaborate.

The public mental health system has a responsibility to respond to community needs regarding access to services, delivery systems, and culturally and linguistically proficient services within those communities. Culturally competent systems include the community as well as families and extended families in determining how these responsibilities will be met. It includes the community in setting system goals and outcomes. It is a system that recognizes the different help seeking behaviors, communication styles, parenting styles, culturally based treatments and cultural healers of its populations. A culturally competent system adapts its operating procedures to meet community needs rather than expecting the community to adapt to the system.

Soliciting the participation of ethnic, racial, and linguistic groups in rural areas is challenging but achievable. An example of this is the use of "promotora" program models, which have long been used in Latino communities in physical health with much success. These are culturally and linguistically proficient health educators/ advocates who go into communities to deliver services using the community's structures rather than an agency structure. The increasing use of telehealth is an opportunity to not only engage rural communities in a much expanded dialogue but provide services for populations who have the least access.

It is imperative that the planners of the service delivery system not only understand the complexities of the mental health needs of these groups but also acknowledge the value which is brought to the discussion through the strengthand expertise of their participation.

Mental Health Services Act
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Client, Family Member and Community Engagement

County	Recommendations for Action
1. Assign responsibility within the organization to eliminate disparities to racial and ethnically underserved and unserved population	Person must be knowledgeable and familiar with concepts of cultural competency Person must have working knowledge of mental health system's values, philosophy, and guiding principles Person must have experience working with multicultural communities Person must be familiar with disparities in access to and the effectiveness of mental health services among multicultural communities Person must work with clients and families.

County	Recommendations for Action
2. Identify a team of multicultural and bilingual staff, clients and family members who are hired to assist in addressing elimination of disparities to underserved and unserved racial ethnic clients and family members.	Persons must be knowledgeable of the barriers specific to targeted racial ethnic groups county is trying to increase access and appropriateness of care. Persons should have knowledge how to engage these community gatekeepers Encourage client and family leadership. Leadership among racial ethnic clients and family members are needed to give voices to these relatively unheard stakeholders. Persons who are bilingual should be involved to help address monolingual and bilingual clients who experience barriers to access to care. Persons who can help to create and embed cultural and linguistically appropriate services in collaboration with other county client run programs, such as peer support programs etc.

County	Recommendations for Action
3, Develop outreach plan that maximizes input and involvement of multicultural communities in the planning process	Outreach plans must include all regions of the county—rural and urban Outreach activities should occur where the population lives or gathers, for example: (a) Two thirds of incarcerated youth are persons of color. A focus group could be held in juvenile hall to get input from youth (b) Outreach activities should occur when people are available: Community meetings could be held on Sundays, after church or at temples. (c) Outreach efforts should include expertise and involvement of clients from those groups that are targeted by county to increase/improve access to care. (d) Ethnic specific activities could be held. Examples of ethnically appropriate activities include Discussion and Dinner "Platicas y Comida" at neighborhood community centers, Healthy Start Centers, ethnic fairs, etc (e) Stipends for providing expertise and input (f) Provide transportation and child care (g) Emphasize and encourage families/ extended groups to attend outreach activities (h) Outreach staff providing interpreter services should be trained in the skills and ethics of interpreting (i) Rural: Use of culturally competent telehealth programs to reach communities – use of telehealth consultants to assist in planning
4. Client run programs must be culturally and linguistically competent.	DMH recognizes that the client and family movements have made progress to be more inclusive of multicultural and bilingual clients and family members. It is important to note that client and family input for program expansion in client run and in all programs include the voices of multicultural clients including monolingual and bilingual client voices. County mental health programs should review cultural competence plan data to identify those groups with disparities in access to care and those new refugees or immigrant communities needing but not having access to mental health services.

County	Recommendations for Action
5. Develop language access plans to include interpreter services in stakeholder planning process	It is critical that the voices of monolingual or limited English speaking clients and family members be included in the early and ongoing planning process. Consider working with county leadership staff, client and families for ideas on creative strategies for inclusion of limited English speaking clients in planning process. Consider hiring interpreters for clients at planning meeting. "Nothing about us without us" also should include the many voices of limited English speakers and their families.
6. Identify ethnic based community groups outside of the mental health system to involve in stakeholder process	Examples include faith based organizations, including churches and temples; ethnic specific civic groups, i.e., ethnic specific Chambers of Commerce; and ethnic specific social clubs
7, Collaborate with health provider partners; including rural health clinics, urban health clinics, community clinics, private health care providers, etc.	Establish and formalize collaborative relationships with health care providers – approximately 50% of ethnic groups access mental health services through primary care
8. Collaborate with current client group/s in county to include more multicultural client voices	Work with client and family groups to address expansion to underserved racial ethnic groups. Help resolve barriers to their participation including but not limited to language, and other program and participation barriers.
9. Collaborate with non mental health community groups/agencies which serve multicultural groups	Identify non mental health community groups/ agencies i.e., schools, YMCA, YWCA, Conduct focus groups with staff Involve appropriate staff as cultural brokers in communicating with the multicultural groups they serve.
10. Value and respect the role of natural healers in multicultural client communities.	Acknowledge the client choice of a culturally based healer ("alternative" describes the opinion of the mental health system). Actively seek cultural healers in the design of services.

County	Recommendations for Action
11. Apply cultural competence values, philosophy, and guiding principles to high-risk youth populations-homeless, foster care and incarcerated.	Develop training module for staff working with high risk youth on cultural competency, the impact of culture, family and extended family systems,
12. Develop access plan for ethnic and racial groups living in rural geographic areas	Use of telecommunications to facilitate participation in system program design, goal setting, Train outreach staff in use of telecommunications. Racial and ethnic groups have less access to mental health services than white Americans
13. Reduce disparity in multicultural client participation by developing client leadership training with added emphases on racial ethnic clients and family members.	Racial ethnic and monolingual and bilingual clients and family members voices need to be supported to include their input and serve as new leaders in client focus involvement. Consider replicating the San Francisco “Asian Client Leadership Team” training programs to expand involvement of diverse clients and family members.

Considerations for Culturally Competent System Transformation Mental Health Services Act (MHSA)

The MHSA addresses the need that exists to evaluate, develop, and implement a mental health system for all the communities of California. Leaders of California's mental health system are acutely aware of the critical need in communities of ethnic, racial, and linguistic groups as evidenced by the myriad of documents that exist which provide the case for action. Less available are studies that give clearly defined data regarding mental health treatment in these communities. These communities' perspective is often not represented in treatment studies, position papers regarding changes in practice, quality improvement standards, etc. A special analysis performed for the Surgeon General's Supplement on Mental Health reveals that controlled clinical trials used to generate professional treatment guidelines did not conduct specific analysis for any racial/ethnic groups. This exclusion hampers the efforts to develop values based evidence, based treatment and therefore guidelines and treatment protocols for practitioners. Culturally and linguistically proficient mental health providers (both individual and agency level) struggle to provide appropriate treatment within frameworks that may not "fit" the majority of the population to be served. The concept of "family" as perceived by the system is an example that illustrates this point. Currently, services are organized in youth, adult, and older adult segments throughout the system, frequently having different providers and provider locations by age group. Ethnic/racial/ linguistic populations operate as an integrated system, more often than not, living in multi-generation households. In a transformed system, services would be delivered to families within a community setting, not individuals by age group.

Increasingly, there is a focus on providing culturally responsive mental health services to vulnerable populations in which ethnic and racial groups are over represented -- homeless, foster care, incarcerated youth, refugees, etc. Counties can use these models and the data generated from them together with the participation of multicultural stakeholder to develop their service delivery system s.

Considerations for Culturally Competent System Transformation Mental Health Services Act (MHSA)

County	Recommendation for Action	Resources Documents
1. Conducts training on the use of DSM IV R cultural formulation in assessment of racial ethnic populations	Develop process for continuous training of staff to maintain standards as work force changes occur Monitor staff use in individualized treatment planning documents	DSM IV R Culture of Emotions Video A Cultural Competence and Diversity Training Program (Harriet Koskoff 2002)
2. Cultural Competence training needs assessed for county and contract providers	Use well established tools to assess training needs for cultural competency for providers Practitioners and other services providers need tools that are appropriate for or can be modified to address needs of increasingly diverse populations	Ca Brief Multicultural Competence Scale and Training Program California Mental Health Planning Council's Master plan Cultural Competence Training Plans
3. Collaborates and consults with other programs / agencies engaged in ethnic /racial specific services	Modify and adapt existing evidence based practices to meet needs Collect practice, demographic, and outcome data on all programs	Mental Health: Culture, Race and Ethnicity A supplement to Surgeon General Report. 2001

County	Recommendation for Action	Resources Documents
4. Provides for practitioner training in understanding the dynamics of race, culture, and ethnicity in mental health treatment.	Maximize use of county staff, clients and families who have expertise in areas as trainers Actively seek partnerships with educational institutions who may provide classes/ expertise Provides training in the use of cultural brokers Use available training resources	Mental Health: Culture, Race and Ethnicity A supplement to Surgeon General Report. 2001 Cultural competence Standards in Managed Mental Health Care Services Four Undeserved/underrepresented Racial Ethnic groups. National standards for Cultural and Linguistically Appropriate Services in Health Care. U.s. HHS, OMS, 2001 California Mental Health Planning Council's Master plan
5. Develops programs for incarcerated youth by gender with a focus on ethnic / racial groups. Acknowledges disproportionate confinement in these groups and lack of mental health treatment,	Specialized family group input for this population. Establish/ strengthen school linkages with program for transition planning. Establish mentoring programs in partnership with ethnic specific community groups.	Recommendations for Juvenile Justice Reform. American Academy of Child and Adolescent Psychiatry Task Force on Juvenile Justice Reform Oct 1999- 2001
6. Develops and supports practices based on evidence that are congruent with ethic/racial/linguistic groups belief systems, cultural values, and help seeking behaviors	Collects sufficient data to begin establishing practice based evidence in treatments. Links to Quality Improvement Committee.	Review research documentation and other evidence of treatment interventions beneficial for racial ethnic groups

County	Recommendation for Action	Resources Documents
7. Allows for the inclusion of natural healers in the community	System can consult with natural healers to add to knowledge base Included on treatment team at request of client/ family members	
8. Trains providers on cultural values, world view and beliefs as they relate to the role of an older adult, their place in the family and care-giving expectations	County and contract providers adopt/develop practice standards for older adult populations within ethnic/racial/linguistic groups	Older Adult System of Care Framework. CMHDA , 2001
9.Trains providers on cultural values, beliefs, parenting styles, regarding children	County and contract providers adopt/develop practice standards for children and youth, including transition age within ethnic, racial, and linguistic groups	
10. Provides training in ethno-psycho-pharmacalogical concepts and management for medical staff	Hires specialists/consultants to conduct training Collaborates with other counties to establish peer to peer physician training to provide for exposure to treatment with different ethnic, racial, linguistic groups	
11. Explores the use of telehealth to create access to services in rural/ small counties	Identifies regions within counties impacted by underserved/ unserved	

County	Recommendation for Action	Resources Documents
12. Develop transformitive mental health services interventions. Expand the growth of new treatment/service interventions for unserved or underserved racial ethnic groups and document evidence of successful specific alternative treatment interventions.	Work with racial ethnic clients and family member and other multicultural experts to develop and or try new mental health services interventions for unserved and underserved groups for children and youth, adults and older adults. Include Quality Improvement Committee or research assistance to document new intervention and outcomes.	